California Department of Insurance 2011 Long Term Care (LTC) Rate Guide – Group Policies Report

A Policy Comparison Form is a listing of the policy benefits and sample premiums for each company. This report provides a list of **Group** LTC policies, by type (i.e. comprehensive, nursing home/residential only, or home care only) and for each company.

At the top of each Policy Comparison Form is the name of the company and the specific policy form number. Below the company's name and form number, a brief description of the policy is provided along with the specific benefits and features offered in each policy. On the bottom half of the Policy Comparison Form is a listing of sample premiums for various ages. You will notice that premiums in each column change depending upon whether the benefits will be paid out for three years or are lifetime benefits, and whether inflation protection is included or left out. Additional information on a company's premiums & benefits, can be found on the Additional Company Premium & Benefit Notes section of the LTC Consumer Rate Guide.

To view a specific company's Group LTC policy, please choose the **company's bookmark** on the left hand side of the Adobe Acrobat (pdf) report or you can click on the **company's name** which will take you to the LTC Rate History for that specific company.

LTC GROUP POLICIES REPORT							
COMPANY NAME	TYPE	FORM					
CONTINENTAL CASUALTY COMPANY	COMPREHENSIVE	GLTC-3-P-CA-01-TQ					
GENWORTH LIFE INSURANCE COMPANY	COMPREHENSIVE	7046POL-CA					
METROPOLITAN LIFE INSURANCE COMPANY	COMPREHENSIVE	GPNP99-LTC-CA01/GC.LTC899C- CA01(CALENDAR)					
METROPOLITAN LIFE INSURANCE COMPANY	COMPREHENSIVE	GPNP99-LTC-CA01/GC.LTC899C- CA01(SERVICE)					
UNUM LIFE INSURANCE COMPANY OF AMERICA	COMPREHENSIVE	GLTC04(COMP)					
UNUM LIFE INSURANCE COMPANY OF AMERICA	COMPREHENSIVE	RGLTC04(COMP)					
METROPOLITAN LIFE INSURANCE COMPANY	NURSING HOME AND RESIDENTIAL CARE FACILITY	GPNP99-LTC-CA01/GC.LTC899FO- CA01(CALENDAR)					
METROPOLITAN LIFE INSURANCE COMPANY	NURSING HOME AND RESIDENTIAL CARE FACILITY	GPNP99-LTC-CA01/GC.LTC899FO- CA01(SERVICE)					
UNUM LIFE INSURANCE COMPANY OF AMERICA	NURSING HOME AND RESIDENTIAL CARE FACILITY	GLTC04(NFR)					
UNUM LIFE INSURANCE COMPANY OF AMERICA	NURSING HOME AND RESIDENTIAL CARE FACILITY	RGLTC04(NFR)					

NOTE: Group – Home Care Only is not available as a Tax-Qualified and Non-tax Qualified policy.

CONTINENTAL CASUALTY COMPANY

GLTC-3-P-CA-01-TQ

This policy form is for Comprehensive Long-Term Care. This is a Group type policy and is classified as Tax Qualified.

iviaximum i	Policy Benefit	t Amounts		Elimination	Periods		
✓ 1 Yr. ✓ 5 Yrs. ✓ See compa	✓ 2 Yrs.✓ 6 Yrs.any's notes, pp	✓ 3 Yrs. ✓ 7 Yrs. 119-142	✓ 4 Yrs.✓ Lifetime	□ 0 days□ 20 days☑ 30 days	✓ 60 days✓ 90 days✓ 100 days	TYPE ✓ Calendar Day ✓ Service Day	
Nursing Home Daily Benefit Amounts				Inflation Pro	otection		
\$100 minimum to \$350 maximum per [day, week or month] offered in increments of \$5. I per day per week per month See notes, pp 119-142 Not Available			th	✓ 5% Comp ■ 5% Simp		inteed Purchase Option ompany's notes, pp 119-	
	e Benefit Am		lable	Posidontial	Caro Eacility Da	nily Panafit Amounts	
nome Care	e beneni Ami	Dunis		Residential Care Facility Daily Benefit Amounts			
Represents the percentage of the Nursing Home Daily Benefit Amount.			Represents th Benefit Amour		e Nursing Home Daily		
✓ 100% ✓ 70%	■ 90%✓ 60%	■ 80% ⊻ 50%	✓ 75%	✓ 100% ■ 70%		■ 80% ■ 75% 's notes, pp 119-142	
	55 /6	00 /0		□ 10/0		3 110103, pp 113-172	

Waiver of Premium

✓ See company's notes, pp 119-142

We will waive premiums starting with the first premium due after the Waiting Period. We will continue to waive premiums until the first of the month following the end of the Plan of Care.

Annual premium amount for Comprehensive Long-Term Care Policy with a \$100 daily benefit amount.

	30 Day Eliminat	ion Period.	90 Day Elimi	nation Period.	90 Day Elimination Period.	
3 Ye	3 Year Maximum Policy Benefit		3 Year Maximui	m Policy Benefit	Lifetime	Benefit
Issue Age	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection
50	\$308	\$1,404	\$290	\$1,325	\$488	\$2,446
55	\$416	\$1,596	\$392	\$1,506	\$661	\$2,757
60	\$591	\$1,945	\$558	\$1,835	\$901	\$3,196
65	\$848	\$2,356	\$800	\$2,223	\$1,245	\$3,755
70	\$1,375	\$3,069	\$1,297	\$2,895	\$2,126	\$5,199
75	\$2,145	\$3,967	\$2,024	\$3,742	\$3,478	\$7,001
80	\$3,089	\$4,800	\$2,914	\$4,529	\$5,052	\$8,416

Refer to Rate History Section for information on premium increases for this company.

GENWORTH LIFE INSURANCE COMPANY

7046POL-CA

This policy form is for Comprehensive Long-Term Care. This is a Group type policy and is classified as Tax Qualified. Maximum Policy Benefit Amounts Elimination Periods 2 Yrs. 1 Yr. 3 Yrs. 4 Yrs 0 days ■ 60 days TYPE Lifetime 20 days 5 Yrs. 6 Yrs 7 Yrs. ✓ Calendar Day ✓ See company's notes, pp 119-142 ✓ 30 days ■ 100 days ✓ Service Day Nursing Home Daily Benefit Amounts Inflation Protection \$1500 minimum to \$12000 maximum per [day, week or ✓ Guaranteed Purchase Option month] offered in increments of \$150. ✓ 5% Simple ✓ per month See company's notes, pp 119per day per week 142 See notes, pp 119-142 Not Available Home Care Benefit Amounts Residential Care Facility Daily Benefit Amounts Represents the percentage of the Nursing Home Daily Represents the percentage of the Nursing Home Daily Benefit Amount. Benefit Amount. **✓** 100% 90% 80% **✓** 75% **✓** 100% 90% **80% 75%** 70% **✓** 60% **✓** 50% **70%** ■ See company's notes, pp 119-142 See company's notes, pp 119-142

Waiver of Premium

Explain here: Will waive premium payments that become due when benefits are payable under Nursing Homne, Residential Care, Home Care, Bed Reservation, and Hospice.

Annual premium amount for Comprehensive Long-Term Care Policy with a \$100 daily benefit amount.

	30 Day Eliminat	ion Period.	90 Day Elimi	ination Period.	90 Day Elimination Period.	
3 Ye	3 Year Maximum Policy Benefit		3 Year Maximu	m Policy Benefit	Lifetime	Benefit
Issue Age	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection
50	\$434	\$1,572	\$374	\$1,355	\$620	\$2,247
55	\$608	\$1,924	\$524	\$1,659	\$876	\$2,771
60	\$878	\$2,454	\$757	\$2,116	\$1,289	\$3,605
65	\$1,395	\$3,398	\$1,202	\$2,930	\$2,115	\$5,155
70	\$2,183	\$4,599	\$1,882	\$3,965	\$3,513	\$7,401
75	\$3,298	\$6,340	\$2,843	\$5,466	\$5,647	\$10,855
80	\$0	\$0	\$0	\$0	\$0	\$0

Refer to Rate History Section for information on premium increases for this company.

METROPOLITAN LIFE INSURANCE COMPANY 3-LTC-CA01/GC.LTC899C-CA01(CALENDAR) This policy form is for Comprehensive Long-Term Care. This is a Group type policy and is classified as Tax Qualified. Maximum Policy Benefit Amounts Elimination Periods ✓ 2 Yrs. 1 Yr. ✓ 3 Yrs. ✓ 4 Yrs. 0 days ■ 60 days TYPE 20 days ✓ 5 Yrs. ✓ 6 Yrs ✓ 7 Yrs. Lifetime ✓ Calendar Day ✓ See company's notes, pp 119-142 ✓ 30 days ■ 100 days Service Day Nursing Home Daily Benefit Amounts Inflation Protection \$75 minimum to \$500 maximum per [day, week or month] Guaranteed Purchase Option offered in increments of \$10. ■ 5% Simple ✓ See company's notes, pp 119-✓ per day per week per month 142 ✓ See notes, pp 119-142 Not Available Home Care Benefit Amounts Residential Care Facility Daily Benefit Amounts Represents the percentage of the Nursing Home Daily Represents the percentage of the Nursing Home Daily Benefit Amount. Benefit Amount.

Waiver of Premium

90%

60%

See company's notes, pp 119-142

80%

50%

100%

70%

Explain here: Premium payments are waived the first of the month coincident with or following the date the waiting period is fulfilled and the insured is chronically ill. Premium payments would resume on the first of the month after the insured is no longer eligible for benefits.

✓ 100%

✓ 70%

90%

✓ 80%

■ See company's notes, pp 119-142

✓ 75%

75%

Annual premium amount for Comprehensive Long-Term Care Policy with a \$100 daily benefit amount.

	30 Day Eliminat	ion Period.	90 Day Elim	ination Period.	90 Day Elimination Period.	
3 Ye	3 Year Maximum Policy Benefit		3 Year Maximu	m Policy Benefit	Lifetime	Benefit
Issue Age	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection
50	\$448	\$1,116	\$436	\$1,082	Not Available	Not Available
55	\$665	\$1,463	\$648	\$1,419	Not Available	Not Available
60	\$992	\$1,928	\$966	\$1,869	Not Available	Not Available
65	\$1,522	\$2,599	\$1,483	\$2,520	Not Available	Not Available
70	\$2,335	\$3,557	\$2,274	\$3,448	Not Available	Not Available
75	\$3,609	\$4,959	\$3,513	\$4,804	Not Available	Not Available
80	\$5,689	\$7,129	\$5,533	\$6,898	Not Available	Not Available
Refer	to Rate Histor	ry Section for inf	ormation on pre	mium increases f	or this company	

This policy form is for Comprehensive Long-Term Care. This is a Group type policy and is classified as Tax Qualified. Maximum Policy Benefit Amounts Elimination Periods ✓ 2 Yrs. 1 Yr. ✓ 3 Yrs. ✓ 4 Yrs. 0 days ■ 60 days TYPE 20 days ✓ 5 Yrs. ✓ 6 Yrs ✓ 7 Yrs. Lifetime Calendar Day ✓ See company's notes, pp 119-142 ✓ 30 days ■ 100 days ✓ Service Day Nursing Home Daily Benefit Amounts Inflation Protection \$75 minimum to \$500 maximum per [day, week or month] Guaranteed Purchase Option offered in increments of \$10. ■ 5% Simple ✓ See company's notes, pp 119-✓ per day per week per month 142 ✓ See notes, pp 119-142 Not Available Home Care Benefit Amounts Residential Care Facility Daily Benefit Amounts Represents the percentage of the Nursing Home Daily Represents the percentage of the Nursing Home Daily Benefit Amount. Benefit Amount. **100%** 90% **80% 75% ✓** 100% 90% **✓** 80% **✓** 75% 70% **60% 50% ✓** 70% ■ See company's notes, pp 119-142 See company's notes, pp 119-142

'99-LTC-CA01/GC.LTC899C-CA01(SERVICE)

Waiver of Premium

METROPOLITAN LIFE INSURANCE COMPANY

Explain here: Premium payments are waived the first of the month coincident with or following the date the waiting period is fulfilled and the insured is chronically ill. Premium payments would resume on the first of the month after the insured is no longer eligible for benefits.

Annual premium amount for Comprehensive Long-Term Care Policy with a \$100 daily benefit amount.

30 Day Elimination Period.			90 Day Elim	ination Period.	90 Day Elimination Period.	
3 Ye	3 Year Maximum Policy Benefit		3 Year Maximu	m Policy Benefit	Lifetime	Benefit
Issue Age	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection
50	\$436	\$1,082	\$389	\$975	Not Available	Not Available
55	\$648	\$1,419	\$578	\$1,278	Not Available	Not Available
60	\$966	\$1,869	\$863	\$1,683	Not Available	Not Available
65	\$1,483	\$2,520	\$1,323	\$2,268	Not Available	Not Available
70	\$2,274	\$3,448	\$2,028	\$3,098	Not Available	Not Available
75	\$3,513	\$4,804	\$3,127	\$4,308	Not Available	Not Available
80	\$5,533	\$6,898	\$4,906	\$6,159	Not Available	Not Available

Refer to Rate History Section for information on premium increases for this company.

GLTC04(COMP)

This policy form is for Comprehensive Long-Term Care. This is a Group type policy and is classified as Tax Qualified.

Maximum P	olicy Benefit A	Amounts		Elimination P	eriods	
■ 1 Yr.✓ 5 Yrs.✓ See compar	✓ 2 Yrs. ✓ 6 Yrs. ny's notes, pp 11	■ 3 Yrs. ■ 7 Yrs. 9-142	■ 4 Yrs. ■ Lifetime	■ 0 days✓ 20 days✓ 30 days		TYPE ☐ Calendar Day ✓ Service Day
Nursing Home Daily Benefit Amounts				Inflation Prote	ection	
\$1000 minimum to \$9000 maximum per [day, week or month] offered in increments of \$100. ☐ per day ☐ per week ☑ per month ☐ See notes, pp 119-142 ☐ Not Available						ed Purchase Option any's notes, pp 119-
Home Care	Benefit Amou	ınts		Residential C	Care Facility Daily	Benefit Amounts
Represents the percentage of the Nursing Home Daily Benefit Amount.			ome Daily	Represents the Benefit Amount.	percentage of the Nu	rsing Home Daily
✓ 100% 70%See compar	90% 60% ny's notes, pp 1	■ 80% ☑ 50% 19-142	✓ 75%		90% 80°	

Waiver of Premium

After satisfaction of the Elimination Period and receiving benefits, premiums will be waived. Premium paid for the Elimination Period will be refunded upon waiver approval.

Annual premium amount for Comprehensive Long-Term Care Policy with a \$100 daily benefit amount.

	30 Day Eliminat	ion Period.	90 Day Elimi	ination Period.	90 Day Elimination Period.	
3 Ye	3 Year Maximum Policy Benefit		3 Year Maximu	m Policy Benefit	Lifetime	Benefit
Issue Age	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection
50	\$482	\$2,099	\$385	\$1,681	\$752	\$2,963
55	\$666	\$2,657	\$533	\$2,128	\$994	\$3,730
60	\$940	\$3,402	\$752	\$2,722	\$1,350	\$4,741
65	\$1,458	\$4,410	\$1,166	\$3,528	\$2,070	\$6,318
70	\$2,225	\$6,052	\$1,782	\$4,842	\$3,074	\$8,716
75	\$3,740	\$8,377	\$2,992	\$6,700	\$5,112	\$12,006
80	\$6,278	\$12,301	\$5,022	\$9,839	\$8,338	\$17,168

Refer to Rate History Section for information on premium increases for this company.

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RGLTC04(COMP)

This policy form is for Comprehensive Long-Term Care. This is a Group type policy and is classified as Tax Qualified.

Maximum F	folicy belieflic	Amounts		Elimination	Perious	
■ 1 Yr.✓ 5 Yrs.✓ See compa	✓ 2 Yrs.✓ 6 Yrs.Iny's notes, pp 1	3 Yrs. 7 Yrs. 19-142	4 Yrs.Lifetime	□ 0 days✓ 20 days✓ 30 days		TYPE ☐ Calendar Day ✓ Service Day
Nursing Hor	ne Daily Bene	efit Amounts		Inflation Pro	tection	
	um to \$9000 ma d in increments per week pp 119-142		h	✓ 5% Comp	_	teed Purchase Option mpany's notes, pp 119-
Home Care	Benefit Amo	unts		Residential	Care Facility Dai	ly Benefit Amounts
Represents the Benefit Amou	ne percentage of nt.	f the Nursing H	lome Daily	Represents the Benefit Amoun		Nursing Home Daily
✓ 100% 70%See compa	■ 90%■ 60%any's notes, pp 1	■ 80% ✓ 50% 19-142	⊻ 75%	✓ 100% ☐ 70%		80%

Waiver of Premium

After satisfaction of the Elimination Period and receiving benefits, premiums will be waived. Premium paid for the Elimination Period will be refunded upon waiver approval.

Annual premium amount for Comprehensive Long-Term Care Policy with a \$100 daily benefit amount.

	30 Day Eliminat	ion Period.	90 Day Elimi	nation Period.	90 Day Elimination Period.	
3 Ye	3 Year Maximum Policy Benefit		3 Year Maximu	m Policy Benefit	Lifetime	Benefit
Issue Age	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection
50	\$461	\$1,616	\$367	\$1,292	\$716	\$2,279
55	\$634	\$2,045	\$508	\$1,634	\$947	\$2,869
60	\$896	\$2,617	\$716	\$2,092	\$1,285	\$3,647
65	\$1,390	\$3,391	\$1,112	\$2,714	\$1,973	\$4,860
70	\$2,120	\$4,655	\$1,696	\$3,722	\$2,930	\$6,707
75	\$3,564	\$6,444	\$2,851	\$5,155	\$4,871	\$9,238
80	\$5,980	\$9,461	\$4,784	\$7,571	\$7,942	\$13,205

Refer to Rate History Section for information on premium increases for this company.

METROPOLITAN LIFE INSURANCE COMPANY LTC-CA01/GC.LTC899FO-CA01(CALENDAR)

This policy form is for Nursing Home and Residential Care Facility Only. The policy is a Group type policy and is classified as Tax Qualified.

Maximum Policy Benefit Amounts				Elimination F	Periods		
■ 1 Yr.✓ 5 Yrs.	✓ 2 Yrs.✓ 6 Yrs.	✓ 3 Yrs.✓ 7 Yrs.	✓ 4 Yrs. ■ Lifetime	■ 0 days■ 20 days	■ 60 days✓ 90 days	TYPE ✓ Calendar Day	
•	Company Notes:			✓ 30 days	■ 100 days	✓ Service Day	
				Inflation Pro	tection		
Nursing Hor	na Daily Dana	fit Amounto		✓ 5% Compou	✓ Important	ed Purchase Option Company Notes	
Nursing Hor	ne Daily Bene	TIT Amounts		Notes:This increase in coverage may be purchased without a health screen, as long as the insured has selected it once in every 2			
\$75 minimum to \$500 maximum per [day, week or month] offered in increments of \$10. per day per week per month				offerings. This is offered to insured regardless of age, claim status, claim history or length in plan.			
■ Not Availab	le						
✓ Important C	Company Notes:			Residential (Care Facility Dail	y Benefit Amounts	
•	RVICES ARE REIME	BURSED UP TO 1	00% OF THE	Represents the Benefit Amount 100% 70%	percentage of the No. 1. 90% Important Comp	30%	

Waiver of Premium

Explain here:Premium payments are waived the first of the month coincident with or following the date the waiting period is fulfilled and the insured is chronically ill. Premium payments would resume on the first of the month after the insured is no longer eligible for benefits.

Annual premium amount for Nursing Home and Residential Care Facility Only Policy with a \$100 daily benefit amount.

	30 Day Eliminat	ion Period.	90 Day Elim	ination Period.	90 Day Elimination Period.	
3 ye	ear maximum p	oolicy benefit	3 year maximu	ım policy benefit	Lifetime	e benefit
Issue Age	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection
50	\$192	\$625	\$185	\$600	Not Available	Not Available
55	\$301	\$840	\$289	\$807	Not Available	Not Available
60	\$477	\$1,135	\$458	\$1,090	Not Available	Not Available
65	\$778	\$1,574	\$747	\$1,510	Not Available	Not Available
70	\$1,268	\$2,214	\$1,216	\$2,122	Not Available	Not Available
75	\$2,058	\$3,150	\$1,971	\$3,016	Not Available	Not Available
80	\$3,291	\$4,503	\$3,149	\$4,306	Not Available	Not Available

Refer to Rate History Section for information on premium increases for this company.

METROPOLITAN LIFE INSURANCE COMPANY 9-LTC-CA01/GC.LTC899FO-CA01(SERVICE)

This policy form is for Nursing Home and Residential Care Facility Only. The policy is a Group type policy and is classified as Tax Qualified.

Maximum Policy Benefit Amounts				Elimination Periods			
■ 1 Yr.	✓ 2 Yrs.	✓ 3 Yrs.	✓ 4 Yrs.	0 days	60 days	TYPE	
✓ 5 Yrs.	✓ 6 Yrs.	✓ 7 Yrs.	Lifetime	20 days	☑ 90 days	Calendar Day	
•	Company Notes:			✓ 30 days	■ 100 days	Service Day	
				Inflation Pro	tection		
				✓ 5% Compou ■ 5% Simple		eed Purchase Optio t Company Notes	n
Nursing Hor	ne Daily Bene	fit Amounts			se in coverage may be pu		th
	to \$500 maximurements of \$10.	m per [day, we ☐ per month	-		the insured has selected offered to insured regardingth in plan.		i,
■ Not Availab	ole						
✓ Important C	Company Notes:			Residential (Care Facility Dai	ly Benefit Amou	nts
•	ERVICES ARE REIMI	BURSED UP TO 1	00% OF THE	Represents the Benefit Amount 100% 70%	e percentage of the It. 90% Important Comp	80% ✓ 75%	•
					, , ,	•	

Waiver of Premium

Explain here: Premium payments are waived the first of the month coincident with or following the date the waiting period is fulfilled and the insured is chronically ill. Premium payments would resume on the first of the month after the insured is no longer eligible for benefits.

Annual premium amount for Nursing Home and Residential Care Facility Only Policy with a \$100 daily benefit amount.

30 Day Elimination Period.			90 Day Elim	nination Period.	90 Day Elimination Period.	
3 year maximum policy benefit			3 year maximum policy benefit		Lifetime benefit	
Issue Age	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection
50	\$185	\$600	\$168	\$545	Not Available	Not Available
55	\$289	\$807	\$261	\$731	Not Available	Not Available
60	\$458	\$1,090	\$413	\$986	Not Available	Not Available
65	\$747	\$1,510	\$671	\$1,364	Not Available	Not Available
70	\$1,216	\$2,122	\$1,088	\$1,912	Not Available	Not Available
75	\$1,971	\$3,016	\$1,758	\$2,711	Not Available	Not Available
80	\$3,149	\$4,306	\$2,800	\$3,858	Not Available	Not Available

Refer to Rate History Section for information on premium increases for this company.

GLTC04(NFR)

This policy form is for Nursing Home and Residential Care Facility Only. The policy is a Group type policy and is classified as Tax Qualified.

Maximum Policy Benefit Amounts		Elimination F	Periods	
■ 1 Yr.	✓ 4 Yrs. ✓ Lifetime	■ 0 days✓ 20 days✓ 30 days	✓ 60 days✓ 90 days✓ 100 days	TYPE ☐ Calendar Day ✓ Service Day
Tvotos. To yours		Inflation Pro	tection	
		✓ 5% Compou ✓ 5% Simple		eed Purchase Option t Company Notes
Nursing Home Daily Benefit Amounts		Notes: Inflation Pro	otection based on CPI.	
\$1000 minimum to \$9000 maximum per [day month] offered in increments of \$100. ■ per day ■ per week ✔ per month				
Not Available				
■ Important Company Notes:		Residential (Care Facility Dai	ly Benefit Amounts
		Represents the Benefit Amount 100% 70%	٠.	Nursing Home Daily 80%

Waiver of Premium

After satisfaction of the Elimination Period and receiving benefits, premiums will be waived. Premium paid for the Elimination Period will be refunded upon waiver approval.

Annual premium amount for Nursing Home and Residential Care Facility Only Policy with a \$100 daily benefit amount.

30 Day Elimination Period.			90 Day Elim	ination Period.	90 Day Elimination Period.	
3 year maximum policy benefit			3 year maximum policy benefit		Lifetime benefit	
Issue Age	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection
50	\$482	\$2,099	\$385	\$1,681	\$752	\$2,963
55	\$666	\$2,657	\$533	\$2,128	\$994	\$3,730
60	\$940	\$3,402	\$752	\$2,722	\$1,350	\$4,741
65	\$1,458	\$4,410	\$1,166	\$3,528	\$2,070	\$6,318
70	\$2,225	\$6,052	\$1,782	\$4,842	\$3,074	\$8,716
75	\$3,740	\$8,377	\$2,992	\$6,700	\$5,112	\$12,006
80	\$6,278	\$12,301	\$5,022	\$9,839	\$8,338	\$17,168

Refer to Rate History Section for information on premium increases for this company.

RGLTC04(NFR)

This policy form is for Nursing Home and Residential Care Facility Only. The policy is a Group type policy and is classified as Tax Qualified.

Maximum P	Policy Benefit A	Amounts		Elimination I	Periods			
•	✓ 2 Yrs. ✓ 6 Yrs. Company Notes:	3 Yrs.7 Yrs.	■ 4 Yrs. ■ Lifetime	■ 0 days✓ 20 days✓ 30 days		TYPE ☐ Calendar Day ✓ Service Day		
Notes: 3, 4 and 10 years and Lifetime				Inflation Protection				
				✓ 5% Compo✓ 5% Simple		ed Purchase Option Company Notes		
Nursing Hor	ne Daily Bene	efit Amounts			otection based on CPI.	. Company Motoc		
	um to \$9000 max d in increments o per week							
■ Not Availab	le							
■ Important C	Company Notes:			Residential	Care Facility Dail	y Benefit Amounts		
— , , , , , , , , , , , , , , , , , , ,				Represents the Benefit Amoun 100% 70%	e percentage of the Nt.	30% 75%		

Waiver of Premium

After satisfaction of the Elimination Period and receiving benefits, premiums will be waived. Premium paid for the Elimination Period will be refunded upon waiver approval.

Annual premium amount for Nursing Home and Residential Care Facility Only Policy with a \$100 daily benefit amount.

30 Day Elimination Period.			90 Day Elim	ination Period.	90 Day Elimination Period.	
3 year maximum policy benefit			3 year maximu	ım policy benefit	Lifetime benefit	
Issue Age	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection
50	\$461	\$1,616	\$367	\$1,292	\$716	\$2,279
55	\$634	\$2,045	\$508	\$1,634	\$947	\$2,869
60	\$896	\$2,617	\$716	\$2,092	\$1,285	\$3,647
65	\$1,390	\$3,391	\$1,112	\$2,714	\$1,973	\$4,860
70	\$2,120	\$4,655	\$1,696	\$3,722	\$2,930	\$6,707
75	\$3,564	\$6,444	\$2,851	\$5,155	\$4,871	\$9,238
80	\$5,980	\$9,461	\$4,784	\$7,571	\$7,942	\$13,205

Refer to Rate History Section for information on premium increases for this company.